

Open Research Online

The Open University's repository of research publications and other research outputs

Mental Health Social Work: its social, legal or psychiatric character?

Other

How to cite:

Vicary, Sarah (2017). Mental Health Social Work: its social, legal or psychiatric character? Historical Association, Chester.

For guidance on citations see [FAQs](#).

© 2017 Sarah Vicary



<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Version: Version of Record

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

Mental Health Social Work: its social, legal or psychiatric character?

Dr Sarah Vicary

May, 2017

Today's talk

- Explore the development of the Mental Health Social Work focussing on core functions and how they differ depending on the iteration
- examine the historical contribution to mental health practice and thinking
- Identify themes: social, legal or psychiatric?

Relieving Officers

- Poor Law officials responsible for the distribution of ‘outdoor relief’
- Authorised to convey **poor people with mental health problems** ‘pauper lunatics’ to an asylum if notified by a Poor Law union medical officer, obtain a medical certificate within three days and bring the individual before a magistrate
- If pauper lunatic suicidal or dangerous the relieving officer was **legally obliged to initiate the certification proceedings**. If not, they had some discretion
- Relieving **officers higher status than medical officers** although psychiatry was emerging as asylums grew in numbers and size

Henry Mantel Parish clerk, Downe Kent

- transcription of 4 volumes of the Bromley Union Registers of Lunatics and an additional Lunatic register I came to appreciate the work of Relieving Officers. Relieving Officers had powers to detain an alleged lunatic in the Workhouse under sections of the Lunacy Act for specified periods.
- Asylum orders were also issued and the Relieving Officer would have to locate the individual and convey them to the Asylum and in the process would admit them to the Workhouse for examination by the Workhouse Medical. The duty of the Relieving Officer was to receive applications from all persons who sought either medical or poor relief and could either provide emergency poor relief for the maintenance of persons in their own homes or arrange admission to the Workhouse. They had authority equivalent to a police constable under the Lunacy Acts to authorise detention in the workhouse for children and adults for up to 3 days.

The Lunacy Acts of the period 1899-1915 were loose in what an "alleged lunatic" might be and the Bromley registers include:

- epileptics some assessed as sane others identified as needing care in the County Asylum
- those with a wide spectrum of learning difficulties (the Workhouse had two "imbecile" wards) one for each gender for adults who were permanently detained.
- suicidal persons
- those with no speech often characterised as deaf and dumb
- pre and post natal depression affecting personality and behaviour
- Police Order detention of those with alcoholism or alcohol related illness later discharged and supported by Relieving Officers

- It is apparent that the Relieving Officers played a historically significant role in the development of what came to be termed social work.
- In the twentieth century mental health legislation it is the social worker who accompanies the person compulsory detained or "sectioned" to the psychiatric hospital.
- I wonder whether social workers appreciate that the expectation to do so arose from the Relieving Officer practice.

Duly Authorised Officers

- Created by The Mental Treatment Act 1930, the duly authorised officer effectively replaced the relieving officer
- First, they **made applications** for temporary treatment with two medical recommendations. Second if the individual needed treatment urgently they were authorised to **remove the person to hospital** for up to three days allowing them to take proceedings under the Lunacy Act 1890
- Under the Lunacy Act they had a similar role to the relieving officer **to contact a magistrate and if certified take the individual to hospital** within seven days

Mental Welfare Officers(MWOs)

- Duly authorised officers were **mainly mental welfare officers** who worked for local authorities
- **Worked increasingly with psychiatrists** albeit in a frequently **subservient role**
- **Authority enhanced by The Mental Health Act 1959** which removed judicial control prior to compulsory admission
- Predominantly male

'A Man's Job?': Gender Issues and the Role of Mental Welfare Officers, 1948-1970 Author(s): Sheena Rolph, Jan Walmsley and Dorothy Atkinson Source: Oral History, Vol. 30, No. 1, pp. 28-41

- an oral history research project which explored a little-known aspect of the history of social work: the history of mental welfare officers and their role in community care.
- We interviewed former MWOs and analysed both private and public documents to explore this history in East Anglia between 1946 and 1970.

-
- MWOs, as well as carrying out their statutory function in overseeing hospital admissions, had a significant role in community care for people with learning difficulties and psychiatric problems.
 - They began to advocate on behalf of clients, often making a case for home support and they supported parents' groups.
 - Increasingly, they carried out case-work and painstaking social work with families.
 - the surprising finding that, among MWOs, genericism was not as new a concept in 1970 as many writers have assumed.

-
- The training consisted of being told: you really do need to get yourself a pair of stout shoes and an umbrella
 - Although I was employed as a MWO I also had an identity as a social worker which was in its infancy but which was developing as well

Our research revealed, however, that although women were very much in the minority, there were many striking exceptions to the male predominance. Although it continued to be an accepted view in some local authorities during this period that mental welfare work was in the main 'a man's job', both oral history and archival evidence revealed that women MWOs played an important role in community care even in the 1960s when the job was still most strongly regarded as a male preserve.

J. Ewes Duffield, Oxford

a doctor

- I write to you on the duties of doctors signing medical recommendations under Section 25 of the Mental Health Act 1959. In times past the mental welfare officer who made the application accepted the recommendations of two doctors as sufficient.
- However, a younger generation of mental welfare officers (now termed social workers) appear to think they should hold an independent inquiry, often including cross examination of the doctors.
- I know of no part of the Act which requires doctors to consult with social workers in this manner; indeed it might be held unethical to do so. Courtesy demands that the social worker should be given what, in the doctor's judgement, is appropriate information.

-
- Section 54 subsection 1 of the above Act says that "it shall be the duty of a mental welfare officer to make an application for admission to hospital ... in. any case where he is satisfied that such an application ought to be made. . . ." Though most doctors would wish to be helpful I cannot see any reason why they should be interrogated.
 - I have known of general practitioners having to waste an hour while inexperienced social workers "satisfy" themselves
 - In my view the doctor, having given what information he thinks appropriate should then retire and leave the social worker to decide. If he rejects the recommendations of two doctors, the responsibility is his?

Psychiatric Social Workers (PSWs)

- A **'profession'** developed by women with its origins in nineteenth century philanthropy
- Founders argued that charitable visiting should be grounded in **formal training for objective casework** and that social workers needed training in **history, social structure and economics as well as professional skills**
- First training course at London School of Economics, 1929 heavily influenced by **psychiatry and psychoanalysis**
- Worked closely with psychiatrists and were involved in the aftercare of discharged patients
- Perceived as **undesirable the undertaking of the statutory functions of duly authorised officers**

Molly H Bree: Far away and long ago
British Journal of Psychiatric Social Work
Vol. 2, No. 6 (1951-1954), pp. 9-11

- bi-weekly lectures on " The Nature and Variety of Human Behaviour " were based on the " Ego-Libido Theory," now less widely known than then. Porter E. Lee, the author of " Interviewing," also gave lectures and seminars in which case material was discussed in detail, and heated disputes raged around such points of technique as whether or not to remove one's hat when visiting on a hot day.

-
- The reading-list included Flugel's "Psycho-analytic Study of the Family" and MacDougall's "Abnormal Psychology"; "The Visiting Teacher," by Jane Culbert, was the subject of much controversy.
 - Students were expected to write regular "reports" of the books they had read, and the English group were somewhat nonplussed by such assignments as the writing of critical notes on Terman's "Mental Testing."
 - They never fully mastered the art of concocting a "report" from a quick survey of chapter-headings and a few striking phrases from the text.

-
- It was not an easy task for the returned travellers to adapt to a group of patrons whose generous enthusiasm for the establishment of the Training Centre was bewilderingly mingled with deep suspicion of the " new-fangled ideas " which they had been sent to bring back, and who lay in wait to pounce on any Americanism which might escape the lips.
 - Nor was it easy to be missionaries and teachers of a gospel so recently and so imperfectly assimilated. But in spite of variable and sometimes biting winds and ground which often seemed stony, the seed grew into a struggling plant, and at last into the respectable sapling of British psychiatric social work.

Psychiatric Social Work in the North of England: Marjorie A. Brown

A map made in March, 1940, shows that there were eight psychiatric social workers in the North of England; three of these were in the North East, one in Bradford, one in Manchester, two in Liverpool and one in Caernarvon

Each year of the war showed an increased demand for psychiatric social workers—in the regional planning of the Mental Health Services, in the after-care of men and women discharged from the Forces on psychiatric grounds, and in child guidance clinics, particularly in reception areas, to meet the needs of disturbed evacuated children

The year 1946 was of course an important one for our profession in the North because it marked the opening of the Course in Psychiatric Social Work at Manchester University. The establishment of a course here has not only tapped a new source of recruits but, as always happens, has led to a considerable increase in the number of psychiatric social workers in the area.

It has also stimulated thought and discussion about their work, in the form both of internal self-criticism, and perhaps also of external criticism among colleagues in related work.

1954, a small profession with 545 members working in child guidance clinics, mental hospitals, in the prison, Borstal and probation services, in child care and in Local Authority Mental Health Departments.

A few of us are in University teaching or in casework supervision and a few—very few, alas—are engaged on research.

as more psychiatric research is undertaken, there will be more opportunities for us there. But we must remember that, as social conditions constantly change, and as much of our social legislation is out of date before it is implemented, it is unlikely that the pattern of our work will remain in its present form.

We have of course contributed to the change; we have had a lot to do with the growing interest in personal relationships and in the supervised practice of casework which is making its way in other professional trainings, and particularly in the new course in generic casework which is to begin at the London School of Economics this autumn.

We welcome such developments, which are bound to raise the standard of social work in this country, even though we are not yet clear what their repercussions on our own work will be

Phyllida Parsloe Source: British Journal of
Psychiatric Social Work, Vol. 10, No. 4
(AUTUMN 1970), pp. 158-160

The British Journal of Psychiatric Social Work has had seven editors since it was first published in 1947. Despite their personal individuality, sociologically speaking they have much in common. They have all been women. Six were unmarried and all were involved in social work teaching, six being employed by educational institutions.

S. CLEMENT BROWN Source: British Journal
of Psychiatric Social Work, Vol. 10, No. 4
(AUTUMN 1970), pp. 161-169

The great strength of the P.S.W. has been the theoretical element in training, derived from psycho-analysis, which other groups of social workers have lacked. Many P.S.W.s now counsel without much medical supervision. clients who, given a different pattern of referral, would be patients under treatment by psychiatrists. This independence is obviously attractive, but it partakes of the uncertainty which is still attached to psychotherapy, and it carries a vulnerability to the charge that P.S.W.s are simply incomplete psychotherapists.

records and testimonies show that there was an awareness as early as 1949 that mental welfare work would benefit from a move away from a medical or procedural focus towards a closer relationship with the developing social work profession.

Finally in the late 1960s, the position regarding the female/male ratio for MWOs at last began to be reversed in many counties, and by 1970 'it began to be acceptable that it's more about the skill of handling people, so then you recruited on an equal basis'

-
- psychiatric social workers are moving in greater numbers into this setting [the community], and while being rightly critical of conditions and of our work, we should also stand back, ten years after the Mental Health Act, and try to see the picture of psychiatric social work adjusting, over a relatively short period, to new demands made in the field of local authority.

Merging of MWOs and PSWs?

- Seebohm Report 1968 and the creation of local authority social services departments in 1971 brought together MWOs and PSW
- Increase in **generalist social work** at this time arguably also led to a loss of **specialist mental health skills**

From Asylum to Community Care

- 1940S saw beginning of move to care based in the community
- 1954 Resident population in psychiatric hospital reached a peak at 152,000 but then began to decrease slowly following the introduction of social methods of rehabilitation in the community, the availability of welfare benefits and the introduction of ant-psychotic medication

Asylum to Community Care Continued

- 1961 Enoch Powell's 'Water Tower' speech – he envisaged that psychiatric hospitals would be phased out and replaced by care provided in the community
- 1962 Hospital Plan for England and Wales stated that large psychiatric hospitals should close and that local authorities should develop community services

1975 White Paper; Better services for the mentally ill

- Three main areas for MHSW:
 - A **working knowledge of symptoms, treatment, cause and prognosis of an individual's illness**
 - **Therapeutic work** with individuals and families involves developing and maintaining a consistent relationship with the individual, knowing the ways the family may be affected, being aware of their particular family relationships and **offering psychological and practical support to them**
 - They identify **the use and mobilization of support and services** and outside agencies, such as primary health care, social security, housing, social services, and the **ability to judge** not just what is viable but also apply professional skill in considering what is best for each client

Approved Social Workers to Approved Mental Health Professionals

- ASWs introduced by 1983 Mental Health Act
- Extended powers and **greater professional autonomy to exercise an independent opinion**
- Role to conduct **a social assessment** of the individual's circumstances and investigate the possibility of using other services **to avoid the need for hospital admission**
- Reformed by 2007 Mental Health Act which opened up the role to allied professionals (AMHPs)

This is where I come in!

- Qualified, registered social worker
- Asylum
- Community Teams
- Out of hours
- ASW
- Crisis Service Team Leader
- Emergency Mental Health Service manager
- Mental Health Act Commissioner
- Social work educator and researcher into mental health social work

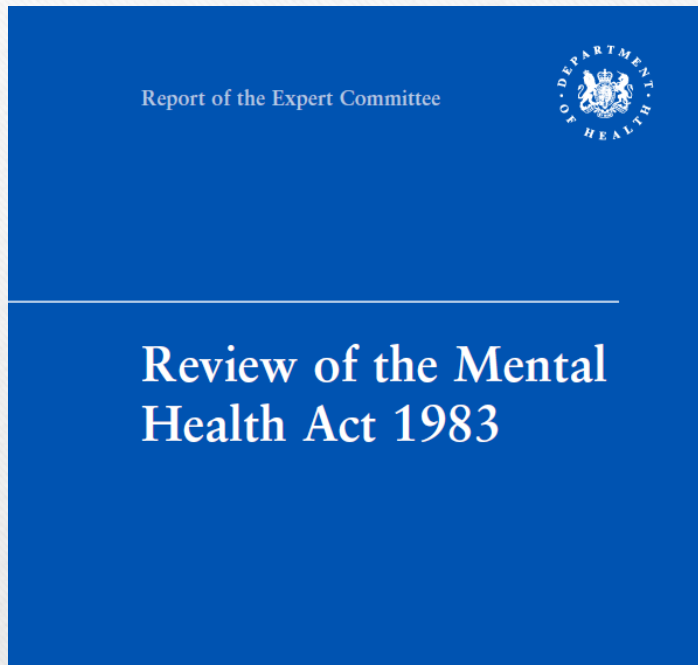
Today's Mental Health Social Workers

- Practise in a variety contexts some multi-disciplinary
- 1999 National Service Frame work for Mental Health; identified key roles for social work in contemporary mental health services

Today's mental health social work

- 2003 New Ways of Working initiative; common skills and values for all mental health workers
- 2004 Ten Essential Shared Capabilities
- 2014 Care Act integrated services

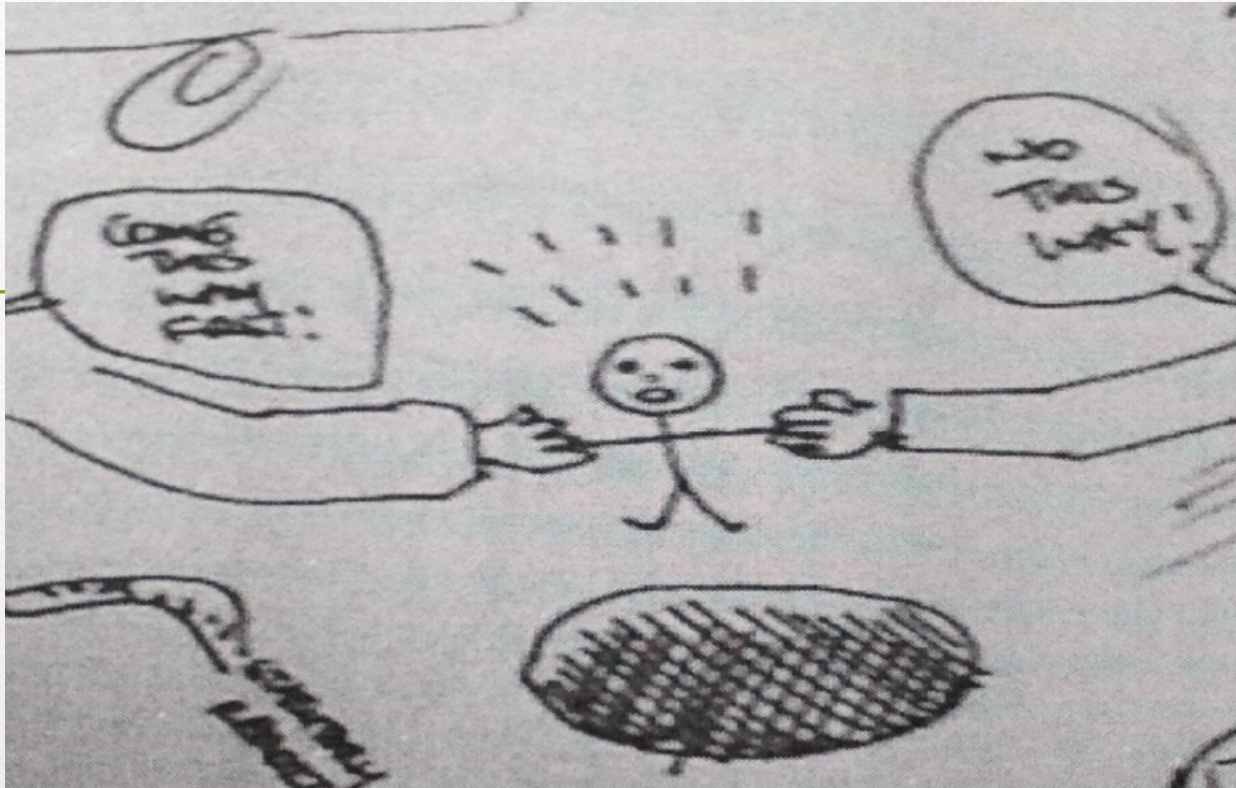
Approved Social Workers



- Richardson Review
- To reflect modern practice (integrated multi-disciplinary working)
- Further consideration should take place in the light of relevant research findings

Aim

- to explore what impact if any professional background has on role fulfilment
- to examine any emotional aspects in undertaking the AMHP role from each research participant's perspective



I think it was the bit about yeah actually being pulled in every direction is hard but actually sometimes not being pulled in any direction you can't you can't escape you kind of you have to let yourself be pulled in a way which is why I put the hole in it because you kind of you can't run away from it

Today's mental health social work

The five role categories

- Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, **discharging the legal duties** and promoting the **personalised social care ethos** of the local authority
- Promoting **recovery and social inclusion** with individuals and families

Today's mental health social work

- Intervening and showing **professional leadership** and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity
- Working co-productively and innovatively with local communities to **support community capacity, personal and family resilience, earlier intervention and active citizenship**
- Leading the Approved Mental Health Professional workforce (College of Social Work 2014)

Social Work for Better Mental Health

- Collective title for three recently published resources and conveys the role social workers have to play in improving the mental health and well being of society
- To ensure the value of social work is understood in a strategic context (Department of Health 2016)

Insights

- Psychiatric social work is case-work based on the psychological understanding of human behaviour, undertaken by social case-workers who have received special training to equip them for work with children and adults suffering from mental illness or problems of behaviour or personality. (Hunnybun 1930s)
- We are *psychiatric* social workers: our casework ...is based on the psychological understanding of....our own behaviour, our own reactions as well as our clients (Myers 1954)

Insights

The 'psychiatric' aspect of the work is seen at one point as simply skill in human relations and at another a direct clinical function (Goldberg 1946)

75% of the sample interviewed had not heard of psychiatric social workers, while 80% could not say what they did. (1962 Timms)

Insights

- social workers mismanaged the psychiatric emergency and did not consider their casework skills to be of much value in the crisis situation (Clarke 1971)
- Just one third of London boroughs and 43 per cent of other authorities required their MWOs to hold a professional qualification (Dunne 1977)
- Uncertain role of social workers acting as MWOs under the Mental Health Act (Olson and Oram 1978)
- With few exceptions, social work practice was not directly concerned with the alleviation of the mental health problem; rather effort was directed at ameliorating the environmental stresses associated with it i.e. no therapeutic intervention (Fisher et al.1984)

Mental Health Social Work

- Positive role of assessments in multi-disciplinary teams (Mitchell and Patience, 2002)
- Three types of mental health social workers – genericist, traditionalist and eclecticist (McCrae et al, 2004)
- A lot of hard grind, the stone in the shoe, going ten rounds with the system (Ryan et al., 2005)
- In their daily tasks social workers manage the most complex cases in mental health teams (Huxley et al., 2008)

Themes

- Social?
- Legal?
- Psychiatric?

References

Ashdown, M. and Clement-Brown, S.(1953).*Social Services and Mental Health: an essay on Psychiatric social workers* Routledge and Kegan Paul, Oxon

Clarke (1971)‘An analysis of Crisis Management by Mental Welfare Officers’ *British Journal of Social Work* 1 (1):27-39

Dunne, D (1977)‘Looking at mental health practice’ *Social Work Today*, Vol 8 no.40

Department of Health (1975) Better Services for the Mentally ill

Fisher, M., Newton, C., and Sainsbury, E. (1984)*Mental Health Social Work Observed* George, Allen and Unwin London

Goldberg, E.M (1946)‘Psychiatric Social Workers in the Community’ in Timms, N (1964) *Psychiatric Social Work in Great Britain (1939-1962)* Routledge and Kegan Paul, New York

Morris, C. p.100 in Timms, NN (1964) *Psychiatric Social Work in Great Britain (1939-1962)* Routledge and Kegan Paul, New York (1964) P 12

Myers, E (1954)‘The Caseworker’s Problems in Meeting the Inner and Outer Needs of Clients’ *British Journal of Psychiatric Social Work* No 10. October

Olson and Oram E.V (1978)Compulsory admissions to psychiatric hospitals *Social Work Today* vol 2 no 19

Timms, N (1962) ‘The public and the social worker’ *Social Work*, January 1962

Thank you!

Approved Mental Health Practice

Sarah Matthews, Philip O'Hare and Jill
Hemmington (2014)

Palgrave Macmillan

Sarah.Matthews@open.ac.uk

